

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-ALLEGHANY	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 MAIN STREET CLIFTON FORGE, VA 24422
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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F 000 Initial Comments

F 000

An unannounced biennial State Licensure Inspection was conducted 1/21/2015 through 1/22/2015. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.

The census in this 105 bed facility was 103 at the time of the survey. The survey sample consisted of 20 current Resident reviews (Residents # 1 through 18, 22 and 23) and four closed record reviews (Residents # 19 through 21 and 24).

Preparation, submission and implementation of this Plan of Correction does not constitute an admission of our agreement with the facts and conclusions set forth on the survey report. our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.

F 001 Non Compliance

F 001

The facility was out of compliance with the following state licensure requirements:

This RULE: is not met as evidenced by:
The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities.

12 VAC 5-371-150 Resident Rights
12 VAC 5-371-150 (B.1) Cross Reference to F-155

12 VAC 5-371-180 Infection Control
12 VAC 5-371-180 (C.2 and C.7) Cross Reference to F-441

12 VAC 5-371-200 Director of Nursing
12 VAC 5-371-200 (B.1) Cross Reference to F-281

12 VAC 5-371-200 (B) Cross Reference to F-309

12 VAC 5-371-200 (B) Cross Reference to F-323

12 VAC 5-371-200 (B.1) Cross Reference to F-329

12 VAC 5-371-250 Resident Assessment and

Cross reference plan of correction for F155 2/11/15


Cross reference plan of correction for F441 2/11/15

Cross reference plan of correction for F281 2/11/15

Cross reference plan of correction for F309 2/11/15

Cross reference plan of correction for F323 2/11/15

Cross reference plan of correction for F329 2/11/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 2/23/15
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STATE FORM

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If continuation sheet 1 of 2

FEB 09 2015

VDH/OLC

State of Virginia

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NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER-ALLEGHANY

STREET ADDRESS, CITY, STATE, ZIP CODE

**1725 MAIN STREET
CLIFTON FORGE, VA 24422**

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F 001 Continued From Page 1

F 001

Care Planning

12 VAC 5-371-250 (G) Cross Reference to F-279

Cross reference plan of correction for F279 2/11/15

12 VAC 5-371-290 Special Rehabilitative Services

12 VAC 5-371-290 (B) Cross Reference to F-224

Cross reference plan of correction for F224 2/11/15

12 VAC 5-371-300 Pharmaceutical Services

12 VAC 5-371-300 (B) Cross Reference to F-425

Cross reference plan of correction for F425 2/11/15

12 VAC 5-371-340 Dietary and Food Service
Program

12 VAC 5-371-340 (A) Cross Reference to F-371

Cross reference plan of correction for F371 2/11/15

12 VAC 5-371-360 Clinical Records

12 VAC 5-371-360 (B) Cross Reference to F-164

Cross Reference plan of correction for F164 2/11/15

12 VAC 5-371-360 (B and E) Cross Reference to
F-515

Cross reference plan of correction for F 514 2/11/15

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